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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a REI of 09/524,247 03/13/2000 PAT 6,277,395 *S.T.*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>S.T.</i>		
Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
JAPAN	DRAWING 15	24	10

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## TITLE

Swallowing-assistive drink

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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